

RECERTIFICATION

SKILLS CHECKLIST

CBT 521 "MEDICAL" OBGYN. EMERGENCIES

EMT NAME & #

Please print and sign your name

DATE

Goal: Early recognition, meaningful intervention, and safe rapid transport to appropriate facility.**Objective:** Given a partner, relevant equipment and a patient with an obstetrical and/or gynecological emergency demonstrate treatment as specifically identified in the KCEMS BLS Patient Care Guidelines.

SCENE SIZE-UP

? Scene Safety

? Body Substance Isolation

? Additional Resources

INITIAL ASSESSMENT

? Level of Consciousness

? Airway

? Breathing

? Circulation

? Bleeding

SUBJECTIVE (FOCUSED HISTORY)

? Established rapport with patient and obtained consent to treat.

? Reassured and calmed patient.

? Found out patient's chief complaint and followed **SAMPLE & OPQRST** investigation.? Found out about **Nature Of Illness** (vaginal bleeding, lower abdominal/pelvic pain, pregnancies).

OBJECTIVE (FOCUSED PHYSICAL EXAM)

? Recorded and documented baseline vital signs.

? **BLEEDING?** Checked for external and/or excessive bleeding, and monitored BP and HR.? **PAIN?** Checked discharge, color, amount, clots, masses, distention, guarding & tenderness.? **DELIVERY?** Established interval & timing of contractions, observed for crowning.

? Followed up with second set of vital signs and compared to baseline vital signs.

ASSESSMENT (IMPRESSION)

? Stated type of "**OBGYN**" emergency and/or complication.? Determined treatment plan based on "**OBGYN**" emergency and/or complication.

? Considered severity and need for ALS intervention (intubation, IV's or medications).

PLAN (TREATMENT)

GENERAL

? Administered appropriate oxygen therapy.

? Allowed patient to choose position of comfort.

? Notified hospital ER and updated en route Medics.

? Monitored vital signs.

GYNECOLOGICAL EMERGENCIES

? Applied direct pressure over bleeding lacerations.

? Preserved crime scene if necessary.

IMMINENT DELIVERY

? Prepared delivery area and equipment.

? Encouraged mother to breathe deeply.

? Supported baby's head with gentle pressure.

? Ruptured membranes with fingers (If still intact).

? Gently slipped cord over baby's head (If necessary).

? Applied cord clamps and cut cord (If necessary).

? Suctioned baby's mouth first and then nose.

? Demonstrated caution (slippery baby).

? Clamped cord and then cut cord.

? Inspected cord for bleeding.

? Suctioned remaining fluid from baby's mouth/nose.

? Wrapped baby in warm blanket.

? Positioned baby to facilitate drainage.

? Noted time of birth and completed APGAR.

? Monitored vital signs.

? Packaged mother/baby and arranged for transport.

POST DELIVERY

? Massaged the uterine fundus.

? Packaged placenta with baby & mother.

COMPLICATIONS

Breech

? Positioned mother's buttocks at the edge of bed.

? Had mother flex her legs & supported baby's legs.

? Allowed baby to deliver with contractions.

? Placed gloved hand into patient's vagina with palm towards the baby's face.

? Formed a "V" with index and middle finger on either side of baby's nose.

? Pushed vaginal wall away from baby's face.

? Continued supporting vaginal wall away from face.

Prolapsed cord

? Inserted two fingers into the patient's vagina.

? Raised presenting part of baby away from cord.

? Checked for pulsations & placed mother in knee-chest position & continued holding baby off cord.

? Applied moistened dressing to exposed cord.

Shoulder Dystocia

? Supported baby's head.

? Flexed Pts. thighs upward to facilitate delivery.

? Applied firm pressure with open hand above symphysis pubis.

Post Partum Hemorrhage

? Began fundal massage.

? Applied direct pressure to vagina with trauma pad.

? Kept patient warm.

COMMUNICATION

? Delivered **Short Radio Report** within 60 seconds.

DOCUMENTATION

? Completed **SOAP** narrative portion of Medical Incident Report Form.

RECERTIFY

YES?

NO?

EVALUATOR

Please print your name and sign

KING COUNTY EMERGENCY MEDICAL SERVICES			SKILLS CHECKLIST	
RECERTIFICATION			CBT 425 "MEDICAL" RESPIRATORY EMERGENCIES	
EMT NAME & #		<small>Please print and sign your name</small>		DATE
Goal: Early recognition, meaningful intervention, and safe rapid transport to appropriate facility. Objective: Given a partner, relevant equipment and a patient with a respiratory emergency demonstrate treatment as specifically identified in the KCEMS BLS Patient Care Guidelines.				
SCENE SIZE-UP				
? Scene Safety		? Body Substance Isolation		? Additional Resources
INITIAL ASSESSMENT				
? Level of Consciousness		? Airway	? Breathing	? Circulation ? Bleeding
SUBJECTIVE (FOCUSED HISTORY)				
? Established report with patient and obtained consent to treat. ? Reassured and calmed patient. ? Found out patient's chief complaint and followed SAMPLE & OPQRST investigation.				
OBJECTIVE (FOCUSED PHYSICAL EXAM)				
? Recorded and documented baseline vital signs (listened to bilateral lungs sounds). ? Examined HEENT. ? Examined lower extremities for edema. ? Followed up with second set of vital signs and compared to baseline vital signs.				
ASSESSMENT (IMPRESSION)				
? Stated type of " RESPIRATORY " emergency and complications. ? Determined treatment plan based on " RESPIRATORY " emergency and complications. ? Considered severity and need for ALS intervention (intubation, IV's or medications).				
PLAN (TREATMENT)				
? Positioned patient appropriately. ? Provided appropriate supplemental O2. ? Assisted with MDI inhaler. ? Assisted with a BVM if appropriate. ? Suctioned if necessary. ? Prepared patient for transport. ? Monitored patient's vitals. ? ? ? ?		ADMINISTRATION OF EpiPen® AUTO INJECTOR ? Asked patient for and checked prescription info. ? Checked injector expiration date and dosage. ? Checked for cloudiness or crystallization. ? Removed clothing & wiped thigh with alcohol. ? Removed safety cap. ? Placed black tip of injector against thigh. ? Pushed hard against thigh until injector activated. ? Held injector in place for 10 seconds. ? Removed injector and massaged thigh. ? Disposed of injector in biohazard container. ? Monitored and documented patient's vital signs.		
COMMUNICATION				
? Delivered Short Radio Report within 60 seconds.				
DOCUMENTATION				
? Completed SOAP narrative portion of Medical Incident Report Form .				
RECERTIFY	YES?	NO?	EVALUATOR	<small>Please print your name and sign</small>

KING COUNTY EMERGENCY MEDICAL SERVICES			SKILLS CHECKLIST	
RECERTIFICATION			CBT 933 "MEDICAL" PSYCHIATRIC EMERGENCIES	
EMT NAME & #		Please print and sign your name		DATE
Goal: Early recognition, meaningful intervention, and safe rapid transport to appropriate facility. Objective: Given a partner, relevant equipment and a patient with a psychiatric emergency demonstrate treatment as specifically identified in the KCEMS BLS Patient Care Guidelines.				
SCENE SIZE-UP				
? Scene Safety		? Body Substance Isolation		? Additional Resources
INITIAL ASSESSMENT				
? Level of Consciousness		? Airway	? Breathing	? Circulation ? Bleeding
SUBJECTIVE (FOCUSED HISTORY)				
? Established rapport with patient and obtained consent to treat. ? Attempted to reassure and calm patient. ? Found out patient's chief complaint and followed SAMPLE & OPQRST investigation. ? Found out if patient is suicidal or homicidal. ? Found out if patient has attempted to hurt themselves or others, today, or in the past. ? Asked questions about alcohol and drugs. ? Asked patient and/or family about outpatient mental health treatment history.				
OBJECTIVE (FOCUSED PHYSICAL EXAM)				
? Recorded and documented baseline vital signs. ? Observed and monitored behavior (panic, agitation, bizarre, depression or suicidal gestures). ? Measured mental status (see CBT 933 Appendix B). ? Checked for, and identified "self inflicted" injuries. ? Followed up with second set of vital signs and compared to baseline vital signs.				
ASSESSMENT (IMPRESSION)				
? Stated type of " PSYCHIATRIC " emergency and complications. ? Determined treatment plan based on " PSYCHIATRIC " emergency and complications. ? Considered severity and need for ALS intervention (intubation, IV's or medications).				
PLAN (TREATMENT)				
? Called Police if necessary. ? Used restraints when warranted. ? Applied direct pressure and sterile dressings over bleeding wounds. ? Administered appropriate oxygen therapy (usually because anxiety is related to SOB). ? Monitored patient's behavior and physiological changes. ? Maintained view of patient at all times (did not leave patient or turn their back on patient). ? Spoke in a calm quiet voice, maintained eye contact and moved slowly. ? Answered patient's questions honestly. ? Prepared patient for transport (backboard or scoop stretcher if applicable). ? Monitored vital signs.				
COMMUNICATION				
? Delivered Short Radio Report within 60 seconds.				
DOCUMENTATION				
? Completed SOAP narrative portion of Medical Incident Report Form .				
RECERTIFY	YES?	NO?	EVALUATOR	Please print your name and sign

KING COUNTY EMERGENCY MEDICAL SERVICES		SKILLS CHECKLIST		
RECERTIFICATION		CBT 302 "TRAUMA" HARD TISSUE INJURIES		
EMT NAME & #	Please print and sign your name		DATE	
Goal: Early recognition, meaningful intervention, and safe rapid transport to appropriate facility. Objective: Given a partner, relevant equipment and a patient with a hard tissue injury demonstrate treatment as specifically identified in the KCEMS BLS Patient Care Guidelines.				
SCENE SIZE-UP				
? Scene Safety	? Body Substance Isolation		? Additional Resources	
INITIAL ASSESSMENT				
? Level of Consciousness	? Airway (Protect C-Spine)	? Breathing	? Circulation	? Bleeding
SUBJECTIVE (FOCUSED HISTORY)				
? Established rapport with patient and obtained consent to treat. ? Reassured and calmed patient. ? Found out patient's chief complaint and followed SAMPLE & OPQRST investigation. ? Found out about MOI (force, speed, safety, height, caliber, length, direction, and sounds).				
OBJECTIVE (FOCUSED PHYSICAL EXAM)				
? Recorded and documented baseline vital signs. ? Exposed & examined injury for location, severity and complications. ? Checked and assessed capillary refill (C =circulation) and distal pulses. ? Checked and assessed motor function (M =motor function). ? Checked and assessed sensation and feeling (S =sensation). ? Followed up with second set of vital signs and compared to baseline vital signs.				
ASSESSMENT (IMPRESSION)				
? Stated type of " Hard Tissue Injury ", location and complications. ? Determined treatment plan based on " Hard Tissue Injury ", mechanism, and complications. ? Considered severity and need for ALS intervention (intubation, IV's or medications).				
PLAN (TREATMENT)				
? Applied direct pressure and sterile dressing over bleeding wounds. ? Administered appropriate oxygen therapy. ? Checked and recorded distal c irculation, m otor function and s ensation. ? Attempted to reposition angulated fractures to restore absent pulse. ? Attempted to straighten dislocations to restore absent pulse (one attempt only). ? Gently supported injured limb and positioned patient appropriately. ? Applied cold/ice pack to injured part (for closed tissue injury only). ? Immobilized fractures, strains, dislocations, etc... with appropriate splint, pads, swathe & sling. ? Applied gentle traction and uses appropriate traction splint to mid-shaft- femur fractures. ? Elevated injury if possible and checked distal c irculation, m otor function and s ensation. ? Used clamshell or scoop stretcher to move patient onto backboard and gurney. ? Prepared "Aid Car" temperature 70? F. ? Transported to the nearest appropriate hospital. ? Monitored patient and vital signs.				
COMMUNICATION				
? Delivered Short Radio Report within 60 seconds.				
DOCUMENTATION				
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RECERTIFY	YES?	NO?	EVALUATOR	Please print your name and sign

KING COUNTY EMERGENCY MEDICAL SERVICES			SKILLS CHECKLIST	
RECERTIFICATION			CBT 385 "SPECIAL" ENVIRONMENTAL EMERGENCIES	
EMT NAME & #		<small>Please print and sign your name</small>		DATE
Goal: Early recognition, meaningful intervention, and safe rapid transport to appropriate facility. Objective: Given a partner, relevant equipment and a patient with an environmental emergency demonstrate treatment as specifically identified in the KCEMS BLS Patient Care Guidelines.				
SCENE SIZE-UP				
? Scene Safety		? Body Substance Isolation		? Additional Resources
INITIAL ASSESSMENT				
? Level of Consciousness		? Airway <small>(Protect C- Spine)</small>	? Breathing	? Circulation <small>(VF = 3 Shock only)</small>
? Bleeding				
SUBJECTIVE (FOCUSED HISTORY)				
? Established rapport with patient and obtained consent to treat. ? Reassured and calmed patient. ? Found out patient's chief complaint and followed SAMPLE & OPQRST investigation.				
OBJECTIVE (FOCUSED PHYSICAL EXAM)				
? Recorded and documented baseline vitals signs. ? Assessed Mental status. ? Measured body Core temperature. ? Checked for injuries. ? Followed up with second set of vital signs and compared to baseline vital signs.				
ASSESSMENT (IMPRESSION)				
? Stated type of " ENVIRONMENTAL " emergency and complications. ? Determined treatment plan based on " ENVIRONMENTAL " emergency and complications. ? Considered severity and need for ALS intervention (intubation, IV's or medications).				
PLAN (TREATMENT)				
? Removed from environment into appropriate temperature controlled environmental. ? Provided supplemental O2 and/or ventilatory assistance as necessary. ? Suctioned when necessary. ? Loosened and removed clothing. ? Applied cold packs or heat packs to neck, groin and armpits appropriate for emergency. ? Placed patient in appropriate position depending on emergency. ? Checked CMS when appropriate. ? Treated for wounds depending on emergency. ? Immobilized injured limbs depending on emergency. ? Transported to the nearest appropriate hospital. ? Monitored patient's vital signs.				
COMMUNICATION				
? Delivered Short Radio Report within 60 seconds.				
DOCUMENTATION				
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RECERTIFY	YES?	NO?	EVALUATOR	<small>Please print your name and sign</small>